

Dear Committee Member

I have been in practice for 20 years in Connecticut. I am writing this testimony [in support of HB 6025.](#) During the early years time, I heard of multiple physicians allowing medical assistants to give vaccines. The prevalent feeling at the time was that it was unfair not to, as **MA are trained to vaccinate**. I did not practice this -with one exception. I have for many years, had my medical assistant provide me with my yearly influenza vaccine.

I do agree that failure to allow medical assistants to practice the breath of their license is unfair. Competence to do anything in medicine is based on the individual no matter what degree they have. The medical assistants that I have had could have competently provided vaccines to my patients. They were held back by the legislation ( and politics ) imposed on them. Medical assistants today more than ever before are very close to the patients and likely would likely **help with patient compliance regarding immunization.**

**To immunize is not that hard.** Medical assistants are already drawing blood - which is far more difficult. Every day in our communities, individuals are giving themselves injectable medications ( for dermatologic conditions, fertility, chemotherapy, multiple sclerosis, diabetes ) without any certification or extensive education.

In addition to the above, having the medical assistant give a vaccine could unload a few extra minutes that I need to trudge through the barrage of computer activities hoisted on me in this new era of medicine. With over 50% of physicians suffering burned out- medical assistants **could provide some reprieve** in this small way.

Finally medical assistant bring relatively low cost and high value to any practice, though especially for small practices. I would hope the legislature would **support small practices** which are a form of small business/innovation in CT.

In summary, **48 of 50 states in America have allowed their certified medical assistants** to provide vaccinations under the guidance of qualified physicians. It is likely that in the not too distant past this was already an uneventful practice. If non-medical individuals from ‘ all walks of life ‘ can provide themselves with injectable medications - a reasonable conclusion is that so can trained and certified medical assistants. This of course would be under the supervision of a physician or equivalent.

Thank you for your attention

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